

ADRC of St. Croix County – Title VI Complaint/Comment Form

ADRC of St. Croix County is committed to providing you with safe and reliable transportation services and we want your feedback. Please use this form for suggestions, compliments, and complaints.

Please submit this form electronically at 715-381-4308 or adrcinfo@sccwi.gov or in person at the address below.

ADRC of St. Croix County

1752 Dorest Lane

New Richmond, WI 54017

www.sccwi.gov

You may also call us at 800-372-2333. Please make sure to provide your contact information in order to receive a response.

SECTION I: TYPE OF COMMENT (Choose One) – provide detail in ‘Comment Details’ below					
Compliment	Suggestion	Complaint			Other
		Title VI: ADA (Disability): Service: Other:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gender <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Limited English Proficient LEP		
SECTION II: CONTACT INFORMATION					
Name:					
Rider ID (if applicable):					
Street Address:					
City, State, Zip code:					
Phone:					
Email:					
Accessible Format Requirements: (choose preferred format(s))		Large Print	<input type="checkbox"/>	TDD/Relay	<input type="checkbox"/>
		Audio Recording	<input type="checkbox"/>	Other	<input type="checkbox"/>
Are you filing this complaint on your own behalf? If you answered “yes” to this question, go to Section IV.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, please provide the name and relationship of the person for whom you are complaining:					
Please explain why you have filed for a third party:					
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION III: COMMENT DETAILS					
Transit Service (Choose one, as applicable) Bus/Paratransit/Shared-Ride Taxi					
Date of Occurrence:					
Time of Occurrence:					
Name/ID of Employee(s) or Others Involved:					
Vehicle ID/Route Name or Number:					

Direction of Travel:			
Location of Incident:			
Mobility Aid Used (if any):			
If above information is unknown, please provide other descriptive information to help identify the employee:			
Description of Incident:			
As applicable, explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please add additional pages.			
SECTION IV: FOLLOW-UP			
May we contact you if we need more details or information?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
What is the best way to reach you? (choose one) If a phone call is preferred, what is the best day and time to reach you?	Phone		
	Email		
	Mail		
SECTION V: DESIRED OUTCOME			
What steps have you have taken to address the conflict or problem?			
What type of corrective actions took place?			
What remedy are you seeking?			
SECTION VI: ADDITIONAL INFORMATION			
Have you previously filed a complaint with this agency?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Have you filed this complaint with any other Federal, State or Local agency, or with any Federal or State Court?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, to the question above, list all agencies contacted:			
Please provide information about a contact person at the agency/court where each complaint was filed. Name, Agency, Address, Phone, Email			

Please attach any documents you have which support the allegation. Then date and sign this form and send it to the ADRC of St. Croix County.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Complainant Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Your Name	